



PATIENT

Starfruit NHS

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4.5 y

WEIGHT

4.1 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT, RVT

HOSPITAL NAME

Nevada Humane
Society

REFERRING VET

Dr. Koll

INVOICE

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Previous echos showed TVD, PH, and VSD. Receiving enalapril 1.25 mg BID, sildenafil 7 mg TID, and clopidogrel 18.75 mg SID. Doing well.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 4/23/24.

There is moderate left atrial dilation. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. There is mild left ventricular dilation. Left ventricular systolic function is normal. A left-to-right shunting perimembranous ventricular septal defect is present. The aorta and aortic valve are normal. There is moderate right atrial and mild right ventricular dilation. The tricuspid valve leaflets are thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity is consistent with the presence of moderate pulmonary hypertension (56 mmHg / prev. PG 87 mmHg). The pulmonic valve appears normal, though there is increased flow velocity in the main pulmonary artery, as well as trace pulmonic insufficiency. There is dilation of the main and right main branch pulmonary arteries. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 19.8 mm (prev. 19.8 mm)
IVSd - 4.5 mm (prev. 4.5 mm)
LVPWd - 4.8 mm (prev. 4.8 mm)
LVIDd - 20.0 mm (prev. 21.6 mm)
LVIDs - 9.2 mm (prev. 11.6 mm)
FS - 54% (prev. 46%)
RA - 15.6 mm (prev. 17.0 mm)
LVOT - 1.31 m/s (prev. 1.16 m/s)
RVOT - 2.43 m/s (prev. 2.05 m/s)
TR - 3.75 m/s (prev. 4.67 m/s)
VSD - 2.90 m/s (prev. 2.80 m/s)

ASSESSMENT/RECOMMENDATIONS

Tricuspid valve dysplasia (TVD)
Pulmonary hypertension
Ventricular septal defect (VSD)

This examination demonstrates no progression changes compared to last year's echocardiogram, and Starfruit's pulmonary hypertension continues to improve and is now moderate in severity. Given these findings, Starfruit's risk for the development of congestive heart failure, thromboembolic disease, and/or syncope has not increased, though careful monitoring for these is recommended.

No change in therapy is recommended at this time.

A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Starfruit experiences difficulty breathing.



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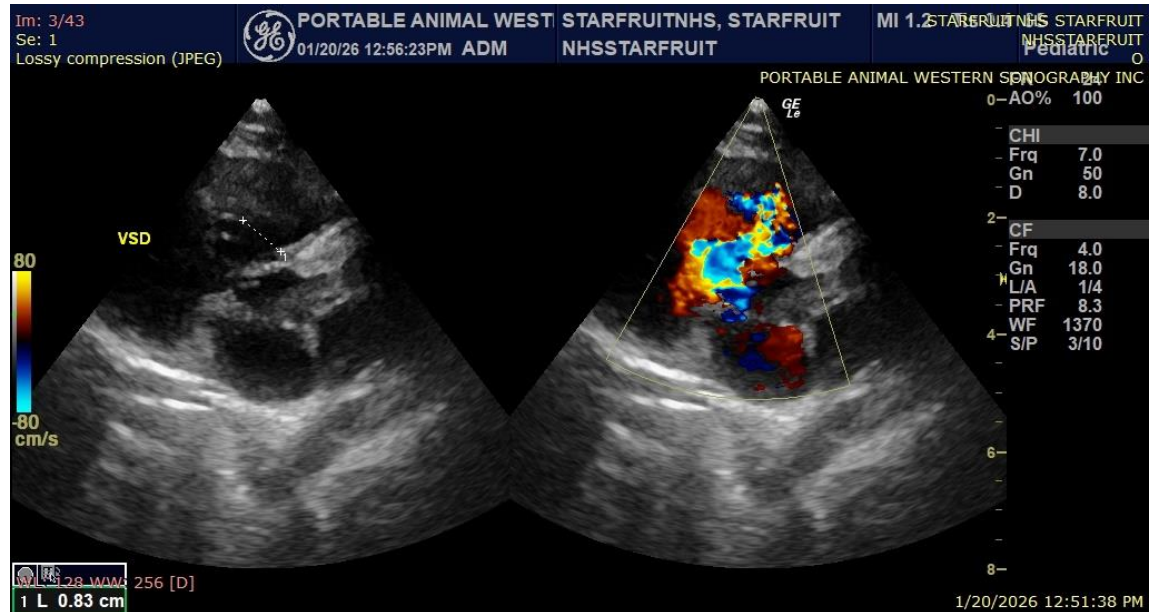
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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